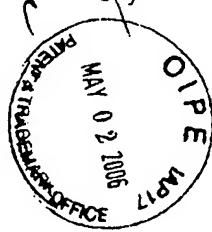


16/17

The stamp of the P.T.O. acknowledges receipt of:

1. Certified Copy of
UK 02 07908
1. Transmittal letter



RE: 10/510,316

ATTY. DOCS.
MAILED 1ST CLASS
AYL-1D-PCT
27 APR. 06

EXHIBIT-B



RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Regarding Application Number 10/510,316 including:

Certificate of Mailing by Express Mail
Amendment Transmittal Letter
Amendment After Final in response to Office Action dated November 27, 2007 and an
Advisory Action dated January 8, 2008
Change of Attorney's Address in Application

01/25/2008



EB 838392657 US



Mailing Label
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	\$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
Mo. Day Year	Month Day	\$	
Time Accepted	<input type="checkbox"/> AM <input type="checkbox"/> PM	COD Fee	Insurance Fee
	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Military	Total Postage & Fees		
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$	
lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Mo. Day		Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or
Postal Service Acct. No. NO DELIVERY
Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT)		PHONE (
GERALD D. BRILL		1
20 OAKMONT CIRCE		
NEW FREEDOM, PA		
(AYL-10)		17348

TO: (PLEASE PRINT)		PHONE (
COMMISSIONER OF PATENTS		1
PO BOX 1450		
ALEXANDRIA, VA		
ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)		
2 2 3 1 3 + 1 4 5 0		
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.		

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